

Health Home Termination Draft Phase-out Plan 8/20/2015

Background: The 2015-2017 Omnibus Operating budget did not authorize any funding for Health Care Authority's (HCA) Health Home program past December 31, 2015. Because available funds to support the Health Home benefit have not been authorized, HCA will be terminating the program at the end of 2015.

The language mandated the end of the program can be found in the 2015-2017 Omnibus Operating Budget, on page 44, Section 16.

"Health Homes - The Health Home program integrates care within existing systems for high-risk, high-cost adults and children, including clients that are dully-eligible for Medicare and Medicaid. Funding for dual eligible client ends September 31, 2015. Funding is provided to continue providing these services for dual eligible clients until December 31, 2015. (General Fund-State, General Fund-Federal)."

CMS Requirements to Terminate the Health Home Program:

The Health Home program is operated under two different mechanisms – a State Plan Amendment (SPA) and a Fee-for-Service Financial Alignment Demonstration Final Demonstration Agreement. Both require a phase-down or phase-out plan. The following information is HCA's draft phase-out plan. Comments on the phase-out plan, timeline and client notice may be sent to Becky McAninch-Dake at Becky.McAninch-Dake@hca.wa.gov by September 21, 2015. Comments will be compiled and sent to CMS with the draft phase-out plan on September 23, 2015.

Terminating the Financial Alignment Demonstration:

1. Formal notice to CMS that the demonstration is ending;
2. 08/21/2015 Draft the phase-out plan and post on the HCA website for 30 days for public comment;
3. 09/23/2015 Send the phase-out plan and the public comments to CMS for review and approval;
4. 10/22/2015 Mail client notices at least 60 days before the end of the program to inform clients their Health Home benefit is ending, with draft versions of such notices provided to CMS for review. Include their rights to request a fair hearing and continuation of benefits if a fair hearing is requested.

Notice requirements may be found in 42 CFR §431.206, 431.210, 431.213. HCA must assure all appeal and hearing rights are afforded to Health Home enrollees as outlined in 42 CFR §431.220 and 431.221. If a Demonstration participant requests a hearing before the date of action, the State must maintain benefits as required in 42 CFR §431.230.

5. The State will comply with all requirements, as applicable, for any grant funding received from CMS to support the demonstration;
6. Demonstration-Required Reporting: For the purposes of ongoing evaluation, required quality reporting, and calculations of potential performance payments under the Financial Alignment Demonstration, the State will continue to provide the necessary data and information until all relevant evaluations, reporting, and calculations are finalized, which may include provision of data after the demonstration termination date as needed. Analysis and data will be compiled and submitted to CMS by the Department of Social and Health Services, Research and Data Analysis Office (RDA).

Removing the optional Health Home benefit from the Health Home SPA, section 2703:

1. Formal notice to CMS that the Health Home program is being terminated;
2. Formally remove the pages of WA SPA 15-0011/Health Homes;
3. Publish a Public Notice at least 30 days in advance of the termination date;
4. Publish a Tribal Notice at least 60 days in advance of the termination date and allow for a 30 day comment period;
5. Mail client notices 60 days before the end of the program to inform clients their Health Home benefit is ending with draft versions of such notices provided to CMS for review. Include their rights to request a fair hearing and continuation of benefits if a fair hearing is requested. This notification will go to ALL Health Home clients including Managed Fee for Service and Apple Health beneficiaries.

Other phase-out processes not required by the SPA or the duals demonstration:

1. Formally solicit comments on the phase-out plan and client notice from the HealthPath Washington Advisory Team on August 4, 2015;
2. Meet formally with the Qualified Health Home Leads on August 20, 2015 to discuss additional processes for easing the transition of enrollees off the benefit. For MCOs, this will include transferring high risk clients to complex care management services.
3. Discontinue passively enrolling Health Home clients in September 2015;
4. Send formal notification of termination to the Qualified Health Home leads and Care Coordination Organizations on September 1, 2015;
5. Post the termination of the Health Home program on "Inside HCA," by October 1, 2015. Inside HCA is an agency wide webpage published every day with updates on HCA programs;
6. Amend the FFS Qualified Lead contracts to terminate on 12/31/2015 by October 2015;
7. Notify Medical Assistance Customer Service Center supervisors in October 2015 and develop a script for customer service staff if enrollees call for more information by November 1, 2015;
8. Send a providers a "provider notification of program end," by November 1, 2015. Include guidance on transitioning clients out of the program;
9. Work with ProviderOne staff to discontinue enrollment and payment processes by December 31, 2015;
10. Continually update HCA website with new information as it is developed, such as approved client notices, provider notices, internal and external customer service center scripts;

11. Allow the submission of Health Action Plans to continue until March 31, 2016 to the HCA Medicaid database.

Apple Health Managed Care Organizations (MCOs):

1. Require a formal transition plan from the MCOs to transfer their Health Home enrollees to care management programs.
2. Meet internally with managed care office chief and supervisors to develop Apple Health MCO amendment, with Health Home language removed and Complex Care Management language added. Apple Health amendment to be in place by January 1, 2016.

Fee-for-Service Health Home Leads:

1. Require a formal transition plan from the Fee-for-Service Leads to appropriately terminate their clients from Health Home Services.